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Bib Data Sheet

CONFIRMATION NO. 5251

SERIAL NUMBER 09/422,208	FILING DATE 10/19/1999  RULE	CLASS 250	GROUP ART UNIT 2878	ATTORNEY DOCKET NO. MASIMO.186A	
APPLICANTS  JAMES PRICE COFFIN IV, TRABUCO CANYON, CA;  ** CONTINUING DATA *****  ** FOREIGN APPLICATIONS *****  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/08/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 3
ADDRESS 20995 KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE , CA 92614					
TITLE SYSTEM FOR DETECTING INJECTION MOLDING MATERIAL					
FILING FEE  RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/422,208	10/19/99	250	2878	MASIMO.186A

APPLICANT

JAMES PRICE COFFIN IV, TRABUCO CANYON, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

sl None

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

sl None

Best Available Copy

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

sl None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/08/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____					

SEE CUSTOMER NUMBER: 020995

ADDRESS

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TITLE

FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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